

State of Connecticut Department of Public Safety Division of State Police

-	Division of State Police											
STATE POLICE	DPS-90-C (Rev. 04/'03)	CRIMIN	IAL INFO	RMATION	SUMMARY	□ A	DDITION	NAL PAGES				
ROOP / UNIT:	HER INVOLV	ED AGENCY:	☐ NO ⊠ YES, Du	ichess	County S	heriff Dept						
ATE:			G TROOPER / OF	FICER:	DPS CASE NUMBER:	R:						
11/28/04 1753hrs Tpr. Tranquillo #464 DPS 04-059575 LOCATION OF INCIDENT (STREET NAME AND CITY/TOWN ONLY):												
Rt. 7 S/B, approximately ¼ of a mile north of Bulls Bridge Rd. Kent CT												
Kt. / 5/B, appr	Oximately 74 Of a fil	ne norm (n buils bridg	ge Ru. Rent C								
On 11/28/04, at appro- intoxicated party enter Approximately ¼ of a rest off of the right S/E As the operator was as	EIDENT OR AFFIDAVIT: ximately 1739hrs this Troope ing into CT. At the intersection mile north of Bulls Bridge R 3 shoulder. The vehicle had n sisted out of his vehicle, the laper that the operator was into	on of Rt.341 ar d. The vehicle' ot struck anyth front seat passe	nd Rt.7 this trooper it is operator lost contri- ling off of the roadw enger, the operators	at the Dutchess Coun followed, in an attemp tol, the vehicle rotated ay. Once the vehicle seven year old son, ex	pt to engage in the pursuit, was twice before leaving the re- came to rest the operator was kited apparently having not	which pro oadway. as taken	occeded S/I The vehicle into protect	B on Rt.7. e came to final tive custody.				
THE RESERVE AND ADDRESS OF THE PARTY OF THE	DENTIFY ANY JUVENILE				VENILE" IN THE NAME FI							
NAME / BUSINESS	☐ F ADD	RESS: (TOWN/CIT	TY&STATE ONLY)			NILE: YES	INJURED: ☐ YES ☐ NO					
						AG						
NAME / BUSINESS	AGENCY: M	☐ F ADD	RESS: (TOWN/CIT	TY&STATE ONLY)			NILE: YES	INJURED:				
NAME / BUSINESS	AGENCY: M	F ADD	RESS: (TOWN/CIT	Y&STATE ONLY)			NILE:	INJURED:				
		1000				0.93590	YES	☐ YES ☐ NO				
						AG		100000				
ARRESTED:(DO NO NAME:	T IDENTIFY ANY JUVEN	M D F	DOB:	ADDRESS:	"JUVENILE" IN THE NAME	FIELD	& "AGE" II	V DOB FIELD)				
George F. Mah			08/27/68		Box 482 Wingdale	New	York					
CHARGES: CC				BOND: \$50,000		INJURI						
1.DWI		GA: 18		☐ CASH☐ NON-SURET	SURETY ☐ WPTA		AMBUL	ANCE:				
`.Reckless Drivi	TOWN.	the left eld	AMOUNT \$:		☐ YES ☒ NO							
lisk of injury to a willion			Litchfield			HOSPIT	AL:					
engaging in Pu	ırsuit	DATE: 1	1/29/04	☐ TRANS TO D	S @:							
	□м □	F	DOB:	ADDRESS:								
(Charges Conti		lota:										
CHARGES:		COURT:		BOND:			INJURE	D:				
5.Evading Respo	onsibility	GA:		☐ CASH	☐ SURETY ☐ WPTA		☐ YES					
6.Operating With			□ NON-SURET		AMBULANCE: ☐ YES ☐							
. ITH	TOWN:		AMOUNT \$:	HOSPITAL:								
					EPT OF CORRECTION	S @:						
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NAME:		м 🗆 ғ	DOB:	ADDRESS:								
CHARGES:		COURT:	1	BOND:			INJURE					
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2.				AMOUNT \$:	AMBULANCE: YES NO							
3. TO				TO BE PRES	HOSPITAL:							
4.				☐ TRANS TO D	S @:							
NAME:		M 🗆 F	DOB:	ADDRESS:								
		T 000000		L DONE			***************************************					
CHARGES:		COURT:		BOND:	☐ SURETY		INJUREI VES	D:				
1.		GA:		NON-SURET			AMBUL/					
2. 3.	TOWN:		AMOUNT \$:		☐ YES ☐ NO							
3.					ENTED AT COURT	e @.	HOSPITA	AL:				
_		DATE:	10	LI IKANS TO D	EPT OF CORRECTIONS	5 (a):						
DEDVISOR'S A	PPPOVAL PROLUBED	· INITIAL	18. 1/1/27	ID#: /	186 na	TF.						

PERVISOR'S APPROVAL REQUIRED: INITIALS: \(\sigma \) \(



State of Connecticut Department of Public Safety Division of State Police

DPS-90-C (Rev. 04/'03) C	RIMIN	AL INFOR	RMATION	SUMMARY	□ A	DDITION	IAL PAGES						
OOP/UNIT: L	OTH	IER INVOLVE	D AGENCY:	□ NO ⊠ YES,									
Ditt.	TIGATING	TROOPER / OFF	ICER:	DPS CASE NUMBER: DPS 04-059575									
				DF3 04-039373									
Rt. 7 S/B, approximately ¼ of a mile north of Bulls Bridge Rd. Kent CT													
SUMMARY OF INCIDENT OR AFFIDAVIT: ARREST MADE UNDER INVESTIGATION (CONT.) This trooper later learned that the suspect vehicle had become involved in two separate motor vehicle accidents in the course of the pursuit. Both involved minor damage and no injuries. The operator was charged with the listed charges. He is scheduled to appear in GA18 Litchfield Superior Court on 11/29/04 at approximately 0900hrs. A \$50,000 bond was set for the operator. The operator will face similar charges when arraigned in New York, where the pursuit originated following a motor vehicle stop. END.													
VICTIM:(DO NOT IDENTIFY ANY JUVENILE B		ADDRESS - IF JU	VENILE, WRITE "JU	UVENILE" IN THE NAME F	IELD & "	AGE" IN D	OB FIELD)						
NAME / BUSINESS / AGENCY:	F ADDE	RESS: (TOWN/CIT	Y&STATE ONLY)	TATE ONLY)		NILE: YES E:	INJURED:						
NAME / BUSINESS / AGENCY:	F ADDE	ADDRESS: (TOWN/CITY&STATE ONLY)			JUVENILE: YES AGE:		INJURED: ☐ YES ☐ NO						
NAME / BUSINESS / AGENCY:	E ADDE	RESS: (TOWN/CIT	VESTATE ONI V		JUVE		INJURED:						
NAME/BUSINESS/AGENCY: M	ADDI	CESS: (TOWNCTI			YES	☐ YES ☐ NO							
ARRESTED: (DO NOT IDENTIFY ANY JUVENIL	E BY NAME	OR ADDRESS- IF	JUVENILE, WRITE	"JUVENILE" IN THE NAME	E FIELD	& "AGE" IN	V DOB FIELD)						
NAME:		DOB:	ADDRESS:										
CHARGES:	COURT:		BOND:	□ SURETY		INJURE							
1.	GA:		☐ CASH ☐ NON-SURET	AMBULANCE:									
<u> </u>			AMOUNT \$:	YES N									
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CHARGES:	COURT:		BOND:	□ SURETY		INJURE							
1.	GA:		☐ CASH ☐ NON-SURET	AMBULANCE:									
2.			AMOUNT S:										
3.	TOWN:		TO BE PRESENTED AT COURT			HOSPITAL:							
4.	DATE:		☐ TRANS TO I	NS @:									
NAME:	□ F	DOB:	ADDRESS:										
CHARGES:	COURT:		BOND:			INJURE	D:						
1.	GA:		☐ CASH	SURETY		☐ YES	□ NO						
2.	10000000		□ NON-SURET	TY WPTA		AMBUL.	NO NO						
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CHARGES:	COURT:		BOND:			INJURE	D:						
1.	GA:		☐ CASH	SURETY		☐ YES	□ NO						
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3.	TOWN:		AMOUNT \$: ☐ TO BE PRESENTED AT COURT			HOSPITAL:							
7				DEPT OF CORRECTION	S @:								
	DATE:												
JPERVISOR'S APPROVAL REQUIRED:	INITIAI	LS:	ID#:		TE:	F 48500							
THIS INFORMATION IS BEING RELEASED TO THE PUBLIC IN COMPLIANCE WITH THE <u>FREEDOM OF INFORMATION LAWS.</u> FOR ADDITIONAL INFORMATION ON MAJOR CRIMES OR ARRESTS, CONTACT THE CONNECTICUT STATE POLICE PUBLIC INFORMATION OFFICE. PHONE: 860-685-8230 FAX: 860-685-8301													